

Entered - 10-17-01 - sb  
CL 01L0663 - GWENDOLYN BURNS

CLAIM OF: **STATE FARM INSURANCE COMPANY**  
as subrogee of Jere T. Koskinen  
11350 Johns Creek Parkway  
Duluth, Georgia 30098-0001

01-R -1820

For vehicular damages alleged to have been sustained as a result of an automobile accident on May 17, 2001 at Lindbergh Drive, NE & Garson Drive, NE.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION  
COMMITTEE:**

**BE IT RESOLVED** by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANY as subrogee of Jere T. Koskinen** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on May 17, 2001 at Lindbergh Drive, NE & Garson Drive, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0663

Date: October 31, 2001

Claimant /Victim JERE T. KOSKINEN  
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES  
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001  
Subrogation: X Claim for Property damage \$ 4,720.33 Bodily Injury \$             
Date of Notice: 10/15/01 Method: Written, Proper X Improper             
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 5/17/01 Place: Lindbergh Drive, NE & Garson Drive, NE  
Department POLICE Division             
Employee involved William P. Todd, Jr. Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was rear ended by a city vehicle. The city employee was cited for "following too closely".

INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral             
Pictures            Diagrams            Reports: Police X Dept Report            Other             
Traffic citations issued: City Driver X Claimant Driver             
Citation disposition: City Driver            Claimant Driver           

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial             
Improper Notice            More than Six Months            Other            Damages reasonable X  
City not involved            Offer rejected            Compromise settlement X  
Repair/replacement by Ins. Co.            Repair/replacement by City Forces             
Claimant Negligent            City Negligent X Joint            Claim Abandoned           

Respectfully submitted,

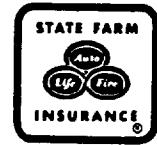
  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse            Account charged: 1A01 X 2J01            2H01             
Claims Manager:            Concur/date 11-01-01  
Committee Action            Council Action

# State Farm Insurance Companies

RECEIVED OCT 15 2001



Auto Claim Central - Subrogation  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001

October 12, 2001

City of Atlanta Claims/Law Dept  
Attn: Sherry Butler  
68 Mitchell St. SW  
Atlanta, GA 30335-0332

ENTERED - 10-17-01 - SB  
0110663 - GWEN BURNS

RE: Claim Number: 11-3644-521  
Date of Loss: May 17, 2001  
Our Insured: Jere T. Koskinen

*BURNS*  
*10/16/01*  
*gm*

Dear Ms Butler:

We are writing to you with reference to damage which occurred on May 17, 2001.

The property is insured by our Company and the damage was in the amount of \$4,720.33.

Our investigation indicates you are responsible for this damage, and we are, therefore, looking to you for reimbursement.

If you have insurance, please refer this letter to your insurance company for discharge of your obligation, and inform us as to your insurance company name, address, and your policy number. If you do not have insurance, please forward your remittance in the above amount.

Please use the enclosed self-addressed envelope when replying so that your payment will receive prompt acknowledgment.

If you have any questions, please call us at the number below between the hours of 7:00 A.M. and 5:00 P.M. Monday through Friday. Whenever you call, anyone on our team will be available to assist you.

Sincerely,

*CT*  
Colette Tinkham, Team 13  
Claim Expediter  
(770) 418-6896

State Farm Mutual Automobile Insurance Company